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| --- | --- | --- | --- |
| **Full name of injured worker** | **Date, time of injury** | **Date, time of report to employer** | **Names of witnesses** |
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| **Description of how injury/illness occurred** | **Description of the nature of injury/illness** |
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| --- | --- |
| **Description of treatment given** | **Description of subsequent treatment for same injury/illness** |
|  |  |

|  |  |
| --- | --- |
| **Signature of person giving first aid** | **Signature of injured worker (if possible)** |
|  |  |